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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

[For the Medical and Surgical Reporter.]

Two Cases of Operation for Extirpation of Ovarian Cysts.

Ovarian Cysts.

By P. W. Ellsworth, M. D., of Hartford, Conn.

There are few subjects more worthy attention than the mode of treating these growths, and nothing which has so triumphantly vindicated Surgery; and yet there is much remaining to be learned. With a view of adding my mite to the greater experience of others, I report two cases, one operated on in February, 1858, and one in July, 1862. I would here claim no originality, following in the former, the best experience then recorded, and in the last pursuing, for the most part, the method of Spencer Wells. I publish the first, as on my note-book, not because successful, but for the purpose of helping out the record, and also to show the ideas then entertained by me, and materially aiding in the second operation, for at that time the operators were few in this country, the best methods not well settled, and even the propriety of operating at all stoutly denied by many distinguished names, an opinion to a certain degree shared in by myself. Passing many minor details of the case, I will state, that about the middle of the summer of 1857. I was applied to for advice by a Mrs. ____, of Manchester, Conn., respecting a dropsy of the abdomen. This was first perceived six years previously, after confinement with her second child, but no distinct tumor could be detected. For this she was ably treated by Dr. Wm. Scott. As medicine failed, he was obliged to resort to paracentisis at constantly decreasing intervals. This was done six times,

discharged I did not see, but it would appear from description that it differed in color and consistency but little from that of ascites.

After the last tapping, a tumor could be felt, superficially situated in the right iliac region. When first seen by me, this tumor was very marked, and there was evidently a large accumulation of fluid besides. From the following symptoms the diagnosis was an ovarian tumor, consisting of a unilocular cyst, with a solid portion in its right wall, with probably adhesions. Her health was better than is usual in ascites of long standing; the fluid was rather more glairy than in ascites, and varied at times in character. When the patient lay on her back, the abdomen did not flatten out at the sides, but projected upward, as in pregnancy; there was no pouting of the umbilicus, a very important mark; for if the inclosed mass is semi-solid, or in a sac, it cannot press upon and project the umbilicus. The solid portion of the tumor seemed to be flat, for the fingers could be pressed in a little under its edge when the limbs were flexed, but no motion could be communicated to it, and it seemed to be under the integument and one with the abdominal walls.

settled, and even the propriety of operating at all stoutly denied by many distinguished names, an opinion to a certain degree shared in by myself. Passing many minor details of the case, I will state, that about the middle of the summer of 1857, I was applied to for advice by a Mrs. ——, of Manchester, Conn., respecting a dropsy of the abdomen. This was first perceived six years previously, after confinement with her second child, but no distinct tumor could be detected. For this she was ably treated by Dr. Wm. Scott. As medicine failed, he was obliged to resort to paracentisis at constantly decreasing intervals. This was done six times, the last interval being two months. The fluid

and toward the pubis, to the extent of seven inches, large enough to permit egress of the solid mass, whose size had been estimated by the hand. There were six or eight small adhesions in front, and two larger ones posteriorly attaching the sac to the intestines; one was half an inch wide, which was separated with care, the other an inch in extent and firmly adhering. This last was left and the sac cut away, a portion adhering to the bowel. The neck of the sac grew from the right ovary, and was four inches broad and one thick, and full of large vessels, of which the veins were much the most apparent. This was pierced with a needle armed with ligatures of firm twine, and each ligature, three in number, securely tied.

The abdomen was then carefully sponged out, although it was difficult to do it as effectually as could be wished, for fear of injuring the delicate membrane of the bowels. A small amount of serum was thus unavoidably left deep in the pelvic basin and among the convolutions of the intestines. The opposite ovary felt healthy, but a post mortem examination detected incipient disease of the same character, although in a faint degree. The neck of the sac was left long as possible, that it might be secured at the external wound by the ligatures. The incision was then closed by deep sutures, at intervals of half an inch. A compress with bandage was applied, and the patient removed to her bed. Tumor weighed 41 lbs., 7 oz.; the solid portion alone, 4 lbs., 7 oz.

For a few hours subsequent to the operation, Mrs. M- complained of considerable pain. apparently from the strangulation of the pedicle, which, however, subsided under a full opiate by stomach; pulse 108. She passed a quiet night. Second day had difficulty in urinating; pulse full, 115, and with considerable reaction; no pain in wound, but in the hips; no vomiting; ice very grateful. She expressed herself much satisfied with having got rid of her burthen; opium was freely administered. On the 27th, the third day, Dr. Scott found she had rested poorly; pulse 127 in the A. M.; sharp pains in the hips, shooting to the side; relieved by warm fomentations; strangury, and slight singultus; countenance sunken. A few teaspoons of pepper tea removed the singultus, and the pain grew less under anodynes. She rarely complained of pain in the wound, it was usually of the wandering neuralgic

character. Brandy had been given as it could be borne, but it produced uneasy sensations through the body and in the stomach. She vomited during the day very badly. Dr. Scott summoned me, but being absent from the city, I did not see her until late at night, when rum \(\frac{1}{3}\), lime-water \(\frac{2}{3}\)ss,, and \(\frac{2}{3}\). of milk was given; this was continued in tablespoonful doses, alternating with spirits of hartshorn. These were retained by the stomach, but the pulse, now 150, continued to fail, and she died at 6 A. M. Some bloody serum had escaped from the wound, probably a gill at least.

An autopsy showed no tympanitis; intestines still collapsed; from one to one and a-half pints of bloody serum, of offensive odor, resembling that from the sac of a strangulated hernia, had collected in the pelvis. A little pus was found around the pedicle; no appearances of inflammation presented themselves around the parietes or intestines; there was a little in and near the right broad ligament. The ligatures had nearly sloughed off, which were attached to the pedicle. No union had taken place in the wound, though it had contracted to not more than three or four inches in length.

This patient presented quite a fair case for operation, as it turned out, the chief contraindication being the size of the sac, which had at times contained fifty pounds of fluid. The solid portion could have been extracted through a smaller orifice, if the tumor had been freely opened and its contents squeezed out. This part consisted of a dozen or more cells, each with an outer and inner coat, and filled with a fluid differing in each cell, but on the whole, much resembling the vitreous humor of the eye, This possibility of destroying the main portion of the tumor may be useful in future operations, rendering a large incision unnecessary, unless for the purpose of destroying adhesions. It certainly does appear that this operation should be more successful, when well selected, than statistics prove. The first incision would not appear necessarily very serious, and no other part of the parietes need be wounded; the portion most seriously compromised is the neck of the sac, which, however, apparently possesses little sensibility. The actual injury to vital parts, except from exposure to air, is far less than after amputation.

It has been proposed to withdraw the fluid a

few days prior to the operation. This may be a good plan, and is worthy of attention; it would, however, make the operation itself more difficult. The advantage is, that the system becomes accustomed to the diminished pressure, and there would be less danger of collapse. The objections are, greater risk of peritonitis from two consecutive wounds, while one was yet not healed; the danger of the liberated intestines falling before the sac; a greater difficulty in determining the size of the incision, since in the collapsed condition of the parietes, it might be extended further than is necessary. I am not sure, however, but that the system would feel the shock enough less, to pay for any other trouble from an opposite procedure. This is Clay's method.

There was one circumstance in this case which struck me with peculiar force, and that was the many points of resemblance to a true ovum, and forcibly impressed the idea that the disease is itself only an abnormally developed ovum. The membranes of the sac can easily be separated into three, and even a fourth, though not so perfectly, thus resembling the chorion and amnion. The apparently solid mass lay on one side, and not against the neck, though in its neighborhood, resembling a placenta very closely as to size and shape, only being three inches thick, this was inserted between the layers of the membranes of the sac. The pedicle resembles a cord, short and thick, it is true, but still much like in shape and function, the true umbilical. It was not the ovary itself developed, for this organ has the singular property of producing a substance (ovum) more rapid in its growth than any other natural product of the body, while we have no reason to suppose the ovary itself would increase more rapidly than any other organ. That the ovary cannot be readily distinguished on such a mass, is what occurs in tumors elsewhere, involving and draining into themselves surrounding parts. The fluid, moreover, is another point of resemblance, as in no other growth is there any such rapid collection of liquids.

The difficulties experienced in this case of thoroughly cleansing the pelvic basin of blood, serum and the contents of the cysts, led me to think that a free injection of warm water into the pelvic basin would more effectually accomplish the object, floating out everything else; and if any of this, free from all animal matter, should be left, far less injury would result than

from even a little serum; since as the latter could only be removed by absorption, the system would be very apt to be poisoned thereby.

The unfortunate termination of the first case led me to reconsider my opinion as to the propriety of the operation, and to confirm my doubts as to its justifiableness at any time. But since that period so much new light has been thrown on the subject, and success has so often crowned efforts, that I came to the conclusion we ought to make the attempt, sometimes at least, to save our patients even by operation.

SECOND CASE.—I was called by the attending physicians, May 1st, 1862, to perform paracentesis on a Miss Harriet J--, of East Hartford, who had been for eight months suffering from dropsy. Although the tumor, when first seen by Drs. Crary and Miner, her attending physicians, was so large as completely to fill the abdomen, and the patient had never been sensible of any local tumor, still the symptoms were indigative rather of ovarian than peritoneal dropsy. The grounds of diagnosis were-1st. She had great "en bon point." 2d. The general health had suffered little, except from nausea and vomiting. 3d. Pulse very little disturbed. 4th. Tumor did not flatten out when the patient lay on her back, but was prominent. 5th. Fluctuation indistinct. 6th. The umbilicus did not pout. 7th. Above all, there was a hollow sound on percussion over the lumbar region on one side, caused by the inflated intestines at that point, and never heard in ascites.

With the aid of her physicians, there was drawn off 40 lbs, of very thick, oily, greenish fluid, which would not run freely through a medium trochar; therefore, one of very large size was substituted. After collapse of the sac, no solid portion could be detected, though the general thickness of the abdominal walls, as shown afterward, prevented the discovery of many minor ones, which were evenly distributed over almost the whole of the internal surface of the sac.

She rapidly re-filled, when paracentesis was again performed, July 1st, and a large amount of fluid withdrawn through the large canula. A largest size flexible catheter was then inserted through this, and 4 $\frac{\pi}{3}$ of tinct. iod. injected. This was done, although from the sensation communicated by a long probe, there appeared to be

some semi-solid mass within, but it was supposed to be small. It was, however, freely broken with the probe, that the injection might also enter that, as well as the general sac. About 1 an ounce of the tinct. of iodine regurgitated between the canula and catheter. That which touched the integument blistered severely; that which remained produced scarcely any sensation. Within a month the sac re-filled, and was enormously distended. Extirpation seemed the only resource. This was done July 31, with the assistance of Drs. Crary, Miner, Wells and Tremain, of Hartford, and Dr. Bunce, of Glastenbury, who resided near, and took special charge of the patient. When placed for operation on a conveniently arranged table, the abdomen was found so protuberant that the patient could not easily lie on her back, and was therefore permitted to rest on her right side. One part of chloroform to three of ether was administered as an anæsthetic by Dr. Crary. The incision commenced midway between the umbilicus and pubis, extending in both directions, and was just large enough to permit the passage of the hand, 41 to 5 inches. The adipose tissue was uncommonly thick, it being 14 inches down to the linea alba. The tumor revealed itself through this opening, and the hand passed over it, encountered extensive and apparently recent adhesions, as they were easily broken down. One or two were, however, quite firm and apparently well organized. A large trochar and canula, with flexible tube attached, was entered, but as the fluid contents gushed out by the side of the canula, it was withdrawn. and the liquid easily ran out, as the patient lay on her side. When nearly empty, the sac was fully opened and the hand thrust in. It encountered a vast number of minor tumors, from the size of a pea to that of a small orange. Availing myself of the idea suggested by my former operation, I crushed, one by one, all those large enough to be worth selecting out. These contained liquids of various colors, some so closely resembling blood as to suggest the rupture of some large vein, as it ran out through the orifice. Others were filled with transparent fluid. These smaller tumors, or hydatids, seemed to fill the collapsed sac, and adhered as much to one side as the other. Thus reduced, the whole mass was dragged through the incision, revealing its attachment by a neck an inch in diameter, springing from the right ovary. A needle, a surface of not less than six inches square

armed with strong twine, was thrust through this, and three ligatures were tied, each inclosing a separate portion of the neck.

Owing to the depth of the wound, it was necessary to leave a little of the tumor attached to its neck in order to bring the ligature up to a level with the bottom of the cut, where it was afterward secured by the lower pin used in closing the wound. The omentum was attached quite extensively and in making the separation a vessel of some size sprung and was secured by a ligature left long enough to hang out of the wound. This was the only source of hæmorrhage in the operation. The intestines were scarcely visible, and were not seen at all by some of the bystanders.

Spencer Wells' method of closure was adopted, except that the needles did not pass through the peritoneum, but touched it. These long, plated yet fine darning needles were inserted one and one-third inches back of the wound, and came out an equal distance on the other side of the cut-this distance being necessary from depth of adipose tissue; three were used and were secured by a figure 8. The ligatures came out at the bottom of the incision. Stitches were taken through the integuments between the hare-lip pins, and a few strips of plaster, a poultice, and a towel around the body completed the dressing. The girl had the advantage through her illness of the devoted care of her sister who is a professed and excellent nurse. The girl herself exhibited great fortitude throughout all her sufferings. On the evening of the day of operation the patient was thirsty and had a disposition to vomit, relieved by ice. A warm linseed poultice was applied immediately after the operation, which was renewed often for six days. An enema of laudanum, thirty-five drops, was thrown up, On the morning of the second day found the pulse 120, very soft and feeble. Nausea, but no vomiting. Brandy and water with corn coffee were given. Beef tea did not set well on the stomach, and once was thrown off. She was kept very low as to nourishment for several days; this she herself preferred. The enema of laudanum, morning and evening only, for four or five days; it will thus be seen that but very little opium was used. There really was small indication for its use, as there was no pain and not the least sign of peritoneal inflammation, although

must have been adherent. On the third day, over that although the tincture was thrown in pulse 120, a slight tendency to singultus. Lime water had been added to her brandy with excellent effect. These with ice kept her stomach in a quiet state; wound looked finely, and appeared uniting at the upper half by first intention.

No reaction set in with violence; in fact the case progressed slowly but regularly to recovery, On the fourth day the pulse stood at 115, on the fifth 108, and on the sixth at 100, where it stood for two weeks. She had been supported but little, but after the commencement of quinine on the 18th day, she improved more rapidly. The suppuration around the orifice left by the ligatures rendered tonics necessary. The pulse reached 80 on the twenty-second day, since which amendment has gone on well.

The two upper needles were removed on the fourth day, and the last on the sixth. One of the ligatures fell off on the fifth day, and the others on the fourteenth. Her first movement of bowels was on the fifth day by enema of oil. A slight diarrhœa in the third week was checked by an enema of laudanum, two successive days. and a dose of rhubarb and soda. Appetite poor for the first week, good during the second, poor in the third, excellent in the fourth. The whole mass with contents must have weighed about seventy pounds,-sixty, certainly, and much of the liquid had been absorbed in the bed. The solid portion, after having been crushed and its cells opened, weighed seven pounds.

The points to be observed are the following:

1st. There must be great danger in using injections of iodine, as shown by the regurgitation in this case, for had the canula at once been withdrawn, the same flow would have taken place inwardly, and fatal results must have been inevitable. Again, in this case, the thickness of the abdominal walls was so great that the trochar although longer than usual and pressed in to the utmost, penetrated the sac only half an inch, and might easily and unknown to the operator have escaped. Danger was averted only by protracting the period after the injection before removing the canula. Had the character of the sac been accurately known, we should never have used iodine at all. The regurgitation of the tincture around the catheter must have been owing to the instrument (the flexible catheter) becoming entangled in the smaller tumors which filled the collapsed sac. It will be seen moreonly four weeks prior to the operation, it did not seem to retard the cure, though it may have been the cause of the anterior and recent adhesions. I will add in passing, that the patient complained more of the tappings than of the last series of operations, and thus often expressed herself.

2d. The idea suggested by my former case was acted upon here, viz., crushing the larger mass to reduce its size, thus the tumors within were

completely destroyed.

3d. The use of hare-lip pins, as advised by Spencer Wells, is most valuable; thus most of the wound closed by the first intention; still I preferred not to penetrate the peritoneum.

4th. Callipers, or any complicated arrangement, to hold the pedicle is useless. The ligatures tied below must hold the neck at the surface. These strings I tied to a small smooth stick, placed transverse to prevent retraction.

5th. Lime water added to brandy, rum, or milk, is one of the most useful drinks, setting very quietly on the stomach in the worst cases. Ice also cannot be too highly praised.

6th. The patient was medicated little or none, and what was used was only by enema.

7th. No catheter was required.

8th. The patient suffered nothing during the operation, as the state of anæsthesia was perfect, nor did she complain of the least pain afterward, the whole thing looks to her like a dream, and she speaks constantly of herself as one raised from the dead.

My thanks are due to the medical gentlemen who assisted me and rendered valuable aid, with cheerfulness and assiduity, and at great inconvenience to themselves, as the patient resided in another town from every one of them.

To ascertain the Purity of Chloroform.— M. Heintz has stated that Chloroform is not attacked by sodium or potassium, even at the boiling point. M. Hardy proposes to employ this fact as a means of ascertaining the purity of chloroform. If a small piece of sodium is thrown into pure chloroform, no action whatever takes place; if, on the contrary, any impurity, such as alcohol, &c., &c., be present, then a disengagement of gas takes place .- Pharmaceutical Jour.

The King's County, N. Y., Medical Society has adopted a resolution to the effect, that members who do not leave for the war will gratuitously render their professional services to the families of volunteers from the county.

EDITORIAL DEPARTMENT.

PERISCOPE.

Weekly Summary of American Medical Journalism.

BY O. C. GIBBS, M. D.

PALATABLE MEDICINES; OR, THE ADMINISTRATION
OF REMEDIES.

In the Chicago Medical Examiner, for March,
Dr. J. M. Woodworth has an article upon the
eligible forms for the administration of Medicines. The subject is too little attended to,
except by a very few. In the fluid extracts,
sugar-coated pills, and granules, much has been
done for the profession; but not one-half of the
physicians take advantage of these preparations.
For Epsom salts, castor oil, cod-liver oil, &c., but
little has been done, if even much can be done,
to render them palatable. We are so well
pleased with Dr. Woodworth's article that we
shall quote quite largely from it.

He says: "The physician who has access to the sick, and watches the effect of remedies at the bed-side of his patients, is surely the most capable of judging in what form a medicine should be prepared to render it the most agreeable. Mixtures with a repulsive taste or smell, or with a sediment in the bottom of the bottle, should never be allowed in the sick chamber. All that is disagreeable in taste or smell should be covered by the addition of some agreeable adjuvant, and when possible, it should be of some bright color; care even should be taken to have the label pasted squarely on the bottle. As small a matter as a crooked label may seem to be, there are persons who, when irritable and weak, would be worked into quite a fever by seeing such evidence of want of precision before them all day.

Officinal vinegars and diluted mineral acids are rendered more agreeable by the addition of a small quantity of an alcoholic solution of some essential oil, as lemon, pimento, winter-green, Ceylon cinnamon, etc. Dilute phosphoric acid should have added to it a solution of the essential oil of sweet almonds.

Compound tincture of cardamom and concentrated infusion of rose, are excellent additions to medicated acids or vinegars—covering a portion of their taste and imparting an agreeable color.

Lactic acid, which is used by many physicians as a remedy for dyspepsia and indigestion, is made into an agreeable drink with water, sugar, and essence of lemon.

Jellies of copaiba or the fixed oils, as cod-liver and castor-oil, are agreeable; and may be prepared thus:—Take of the copaiba, or fixed oil,

four ounces; honey, two ounces; powdered gum arabic, one ounce; Russian isinglass, three drachms; orange-flower water, three ounces. Dissolve the isinglass by aid of heat in two ounces of the crange-flower water. Triturate the other ingredients with the remainder of the orangeflower water in a warmed mortar and form an emulsion by adding the solution of isinglass; stir until nearly cool, and set aside to gelatinize. It is best flavored with a little oil of bitter almonds. The fishy taste of cod-liver oil, which renders this favorite medicine absolutely impossible to be retained in the stomach of some persons, may be completely destroyed by the addition of a few drops of the essential oil of bitter almonds, and at the same time, the prussic acid of the oil of bitter almonds acts as a sedative to allay the cough of the patient. Chewing orange peel or burnt coffee before taking cod-liver oil will be found of advantage. A very agreeable emulsion of cod-liver oil may be prepared with carbonate of potassa, sugar, and cherry laurel or orange-flower water. Emulsions should be perfectly white, and agreeably flavored. Milk is a natural emulsion, in which butter is suspended in an aqueous liquid, by albumen and caseine. I believe that nature has chosen the best substances to form an emulsion; I therefore see no good reason why albumen should not, in most cases, take the place of gum arabic in our extemporaneous emulsions, as it forms a preparation of snowy whiteness.

Castor oil is conveniently taken by suspending it between a little syrup and wine, or an infusion of coffee in a wine glass; and by taking care not to bring the lips together on the glass, no trace of the oil will be left in the mouth.

The concentrated fluid extracts are much superior to the officinal tinctures. I have successfully replaced part of the hydro-alcoholic menstruum in many of the fluid extracts, with sugar; rendering them more agreeable, without detracting from their efficacy as remedial agents. Most of the alcoholic tinctures might, I think, be

successfully treated in the same way.

Strong fruit syrups, prepared by dissolving 24 ounces of refined sugar in a pint of the expressed juice of berries, with gentle heat, make delightful adjuvants to many extemporaneous prescriptions; a small quantity of glycerine should be added to the changeable syrups to prevent them from fermenting. A delightful syrup may be prepared from the essential oil of sweet orangeneel. Muriate of ammonia is best given in syrup of liquorice root; it is preferable to a solution of the black extract—covering the taste equally well, and having the advantage of forming with the salt, a clear mixture. Syrup of wild cherry bark is an excellent adjuvant to the officinal syrup of sarsaparilla, and to cough mixtures. It is a good vehicle for anodynes used in pulmonary complaints. A strong syrup of roasted coffee is an excellent vehicle for administering bitter alkaloids, as quinia, morphia, etc.; they may be conveniently given in powder, by mixing the

alkaloid without breaking the crystals, by gently agitating the crystals with a sufficient quantity of impalpable powder of sugar of milk. In this way each crystal is enveloped with the sugar, and when placed upon the tongue and quickly washed down with a draught of water, leaves no taste but the dissolving sugar.

Chloroform nearly covers the taste of bitter alkaloids and many bitter tinctures. It remains to be ascertained whether the properties of these medicines are changed by the presence of chloro-

form.

Infusion of red rose leaves is a good addition to many extemporaneous mixtures—disguising the taste, and imparting a beautiful color. Chalk mixture should never be prepared with cinnamon water made with oil of cassia—the essential oil of Ceylon cinnamon should always be used, as it produces a medicated water of better flavor, and

more agreeable odor.

Epsom salts may be made into an agreeable drink with water, sugar, and lemon juice or citric acid. The disagreeable sulphurets are best given in glycerine. Iodine and its salts may be given in glycerine. The solubility of the iodine is facilitated by the addition of a little iodide of potassium. Camphor possesses the property of disguising the penetrating saline taste of iodide of potassium. Escharotics, as iodide and chloride of zinc, nitrate of mercury, etc., in glycerine, are more persistent in their action and easier controlled. Glycerine is a good addition to tannincontaining mixtures; it will dissolve its own weight of tannic acid.

Volatile substances, as ether, chloroform, turpentine, etc., are best given in capsules of gluten, a capsule containing five minims of the medicine, does not weigh over two grains. These capsules are now imported from France, but there is no good reason why they can not be made in our

own country.

A solution of cantharadin and pure India-rubber in chloroform, is not attended with the disagreeable contraction of the cantharidal collodion. A little glycerine added to collodion, will keep the gun-cotton flexible when dried on the skin, and prevent it from contracting so strongly as

to become cracked.

Cerates and ointments should be of a creamy softness, and when intended to be white, they should be snow-white; to accomplish this, butter of cocoa may be substituted for lard, and glycerine for fats and oil, in most cerates. When practicable, cerates should be delicately perfumed. Sulphur ointment should be colored by the addition of carmine; most persons have a pecaliar aversion to yellow color. A good substitute for sulphur ointment may be made, by boiling together three parts of sulphur, one of caustic soda, and ten parts of water, stirring until the soda and sulphur are united, when the fluid may be decanted and kept from the air; by this process, sulphur is obtained in a fluid form. One application of this mixture, rubbing it into the skin fifteen or twenty minutes, has effectually

killed the itch insect, (acarus.) Many powders are best given to children in a lozenge or bonbon, delicately flavored or rose-colored. Santonin, as an anthelmintic, should be given this way. Powders may be given enveloped between two thin slices of some fruit jelly—wafer envelopes are less bulky. They may be made by taking a portion of the finest wheaten flour made into a thin paste with water, and baked between two smooth irons, pressed firmly together. When removed, it should be cut into a square sheet of convenient size; it is used by dipping into water and dropping the powder into the centre—the edges folded over it, when it may be swallowed like an oyster, without tasting the contents."

He thinks pills should always be coated with sugar, and gives directions for doing so. In the administration of some of the more powerful articles of medicine, pills or granules are a very convenient form. There are, however, some inconveniences attending even this extremely nice form of administration. The dose, to meet the wants and varying conditions of each individual case, cannot be as well regulated, and, in the case of expensive medicines, we are very sorry to say, manufacturers will cheat in dose. We have administered two granules of morphia, each said to contain an eighth of a grain, and repeated every four hours-thus administering what purported to be six grains in the twentyfour hours, and got less effect than from oneeighth of a grain of pure sulphate of morphia by weight, administered in the same manner. Until manufacturers shall scorn all such cheats, the practitioner will not pay "four prices" for an article, when he finds it to be of but half the value of the crude, or unmasked article.

REPRODUCTION OF THE INFERIOR MAXILLARY—
PRESERVATION OF THE TEETH,

In the Chicago Medical Examiner for March, Prof. E. Andrews reports a case in which nearly the whole right half of the lower jaw was removed, the teeth saved, and new bone was being reproduced to take the place of the old.

Prof. Andrews says the only similar case on record, so far as he knows, is related in *Cham*pionniere's Journal.

In removing the jaw, the teeth were easily dissocketed and left attached to the gums; new bone formed to give support to the teeth, and to preserve the regular outline of the chin. We make one extract, showing Prof. Andrews' views of the manner in which the teeth derive their nourishment, and the manner in which the oper-

results:

"Since the removal of the jaw proves the loss of the dental artery, nerve and vein, it becomes necessary to explain in what manner the teeth obtain nutrition after the necrosis of the jaw. The teeth are not set in solid bone; on the contrary, there is a periosteum lining the socket, and intervening between the fang and the bone. When necrosis of the jaw occurs, this periosteal lining, like the similar membrane on the outside of the bone, may retain its vitality, and supply to the dental artery, by inosculation, the blood which is no longer transmitted through the dental canal. The absorbent action of the membrane upon the bone enlarges the space between the fang and the socket, and thus loosens the tooth, so that, at the time of operation, it readily slips from its bed, and the necrosed bone is drawn from it, as a boot is drawn from a foot.

Many remarkable instances are on record of complete restoration of the jaw after removal for necrosis, but these two are the only cases which I know of, where the teeth were preserved, so as to have a living attachment to the new bone. You will find in practice, that the inferior maxilla is more likely to be reproduced after necrosis than any other bone in the body; hence, calculations should always be made on this event, and the following directions be observed :-

First. The operation should not be performed early in the disease, unless there is some spreading disease, as epulis, which requires to be limited by excision. In cases of necrosis, which involve a large portion of the jaw at once, with little danger of subsequent extension, it is important to preserve the sequestrum in position until it is fully separated from the living bone, and if the irritation is not too great, until the new shell of bone produced from the periosteum has attained solidity enough to maintain the form of its arch.

Second. Before removing the bone, care should be taken to ascertain whether the teeth implanted in it are loose, and if so, to prevent their being torn from the gum with the bone. By a little care, the bone may be slipped downward, and the teeth left in position.

Finally. If the arch of new ossific matter be not sufficiently consolidated to maintain its form alone, art may often supply the weakness of nature. The cases of death of both halves of the maxilla are comparatively rare; and, hence in ordinary cases, the sound side may be made to support the weak one. Before the operation of removal is performed, a dentist should be called on to take a mould of both upper and lower teeth on the sound side. By this method, he can prepare accurately-fitting gold plates to cap the rows of teeth and the gums. The lower plate should be soldered or riveted to the upper in the natural position, so that when placed in the mouth, the arch of the lower teeth will be secured by the support of the former. After the

ation should be performed to secure the best chin will be found to fall over towards the affected side, but the insertion of the plate and the application of a bandage, pressing the chin upward, will hold the lower maxilla accurately in position, until the consolidation of the new bone renders artificial support unnecessary."

ULCERATION OF THE OS UTERI.

In the Boston Medical and Surgical Journal, for March 13th and 20th, Prof. E. N. Chapman has an article upon ulceration of the os uteri, illustrated by the report of quite a number of cases, occurring to him in the Long Island College Hospital.

His introductory and commentary remarks are quite interesting, and we would be glad to quote from them, but we must content ourselves with one quotation simply, and that having reference to treatment only.

"In former years, entertaining serious objections to speculum examinations, we adopted the received opinion that uterine diseases are secondary, not primary, and treated all such by agents calculated to improve the general health; only venturing on such direct means as vaginal injections and cups and blisters to the sacrum. practice was most unsatisfactory, and of no permanent benefit in real uterine disease. After my connection with the Hospital, great numbers of women with this class of diseases presented themselves, and were examined by the speculum. Caustic substances, of different kinds and potency, were, in addition to general remedies, applied to all ulcerated surfaces that were brought to view. Some cases recovered in two or three months, but of these many relapsed after an apparent cure. The success was greater than formerly, though it was of so doubtful a character as to leave little room for boasting. Leeches to the os uteri were subsequently applied one or more times in recent cases at the outset; and then followed by caustic, with much better results. Finally, however, after many experiments, I have adopted the following practice, which will usually effect a permanent cure in six or eight weeks, often in a less period of time. The ulceration is scarified freely the first two or three visits. Generally, though the loss of blood is trivial, not amounting to more than from one to three drachms, the relief to the local symptoms is remarkable, far greater than that afforded by leeches. The knife, as it were, severs the nervous sympathies between the other portions of the system and the suffering organ. A morbid centre of irritation is broken up, the local feelings of discomfort are relieved, and the constitutional forces rise, as though an oppressive load had been removed. Nervous symptoms, loss of appetite, &c., disappear; and frequently, after two or three scarifications, the patients express operation, if the new bone lacks strength, the themselves as feeling perfectly well, and wonder

very much when told that there is little change in the ulceration. Sometimes, however, all of the ulceration visible is removed by this proceed-In either case, whenever the disease is on the lips of the os uteri, we now introduce the nitrate of silver into the cavity of the uterine neck, as far as the os internum. The solid caustic may be employed, or a strong solution applied by a bit of sponge attached to a flexible piece of whalebone. We have often thus used the caustic at the first visit, and then immediately scarified the ulceration within reach. I have seen severe cases of some years duration cured by this means in four weeks. The same patients have been subsequently under my observation for more than a year, and no relapse took place."

A NEW METHOD OF AMPUTATING AT THE HIP-JOINT.

In the Boston Med. and Surg. Journal, for March 20th, Dr. G. P. Hachenberg describes what he calls a new method of amputating at the hip-joint. The thigh is first amputated by the circular incision at its upper third. After the arteries are tied, and all bleeding at the stump has ceased, a stick of firm wood, made strong in the handle, but tapered down at the other extremity to fit the medullary opening of the femur, is thrust firmly into that opening. This is for the convenience of handling the stump of bone. The operation is now concluded by making an incision along the track of the bone, commencing on the outside of the stump, and ending it nearly two inches in a straight line beyond the great trochanter, in a T cut. This incision is carried down to the bone-the flaps are dissected from the stump of the femur-the bone, by means of its wooden handle, is now strongly adducted, and the had disarticulated from the socket.

"The following are the advantages in favor of this method of amputating at the hip-joint, over other usual methods:

1. It removes the wound from the body, and thereby lessens, a priori, the tendency to mor-

tality.
 It is performed with less loss of blood.

3. The surface of the wound is less.

4. The flaps are shorter and more massive,

and therefore tend less to sloughing.

5. The moral effect on the mind of the patient, by leaving a stump, is a matter worthy of consideration.

6. A sufficient stump may be secured for the adjustment of an artificial leg

7. Owing to the remarkable close dissection that takes place by using the flexible knife in cutting the bone out of a hypertrophic perios-

teum, may we not retain the physiological function of that membrane, so as, in course of time, even to give osseous or cartilaginous consistency to the thigh ?"

On the use of Log-wood in Cancer.-M. Des-martis lately brought under the notice of the Academy the results obtained by him with the extract of log-wood applied to cancerous ulcers. He found that by the use of an ointment composed of equal parts of fat and extract of log-wood, not only the odour disappeared, which was in some instances of the most offensive description, but that the suppuration was also considerably diminished. As soon as this ointment was again discontinued, the odour reappeared, and the secretion assumed an unfavorable character. In cases of hospital gangrene, the same ointment acts like a charm, and it likewise proves valuable in erysipelas consequent upon amputations and wounds, even if the form of the disease is most severe. Log-wood may be mixed with styptics, such as ergot of rye, perchloride of iron, persulphate of iron, and employed as powder or as lotion. The extract is only soluble in hot water, and its price is merely nominal .- Med. Times.

REVIEWS AND BOOK NOTICES.

Inaugural Discourse before the Trustees of the New York Inebriate Asylum, at Binghampton, Nov. 20, 1861. By VALENTINE MOTT, M.D., LL.D. Also "Pain and Anæsthetics."

Doctor Mott is again before the literary world, as an expounder of soundest principles and the careful discourser of ethical practice. The learned and elaborate productions, lately published, evince the strongest intelligence, and furnish additional proof of that clearness of mind so rare in one advanced, yet so exquisitely gratifying when combined with earnest zeal and imbued with no visionary philosophy. One of the leading features, of this great surgeon, continually enforces upon the student of the past, the happy circumstance that Doctor. Valentine Mott, emeritus professor, &c., &c., is no theorist. Oh! rare faculty in modern times. A practical existence has ever brought forth the most salient points in this gentleman's character.

And now, while perusing these melifluous pages, from a ready brain, we are peculiarly struck with the pleasing fact that here we find genius and knowledge—poetry and meditation, scientific expressions and interesting details adorned with vigor of style, and permeated by that christian integrity which must ever elevate the author while it improves the student. Conscientious emanations, in the present time, are as fascinating to the observer as they are peculiarly creditable to the expositor. It is to be hoped that at least annually some evidence of Doctor Mott's literary existence may greet our welcoming hearts.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, AUGUST 26, 1862.

ADULTERATION OF FOOD AND DRUGS.

In view of the increased taxation recently imposed by Government on nearly all commodities of a commercial mature, there is danger that the practice of adulteration, prevalent at all times, will be carried to an extent that will be of serious disadvantage to the public. As sanitarians and medical men, our profession are specially interested in the subject, in so far as it relates to articles used for food and medicine. The cupidity of man has no regard for the health or well-being of his fellow man, nor, indeed, for his own, as his larder may be supplied from the very stock of food that he adulterates, or his ailments, or those of his family, treated from the same drugs that he has sophisticated.

It is well known that the ability to neatly adulterate almost all articles of food and drink, is considered one of the rare qualifications of the wholesale tradesman's apprentice, leaving still to the retailer the practice of such minor accomplishments as watering liquor, sanding sugar, wetting salt, and the like, for the prospective day's operations. Water, sand, marble dust, plaster of Paris, saw-dust, and various other articles, some of them not so harmless as these, are important items of the stock in trade of our provision and drug dealers; and these, be it noted, are not on the excise lists of the taxgatherer. This making merchandize of man's necessities, especially when he is afflicted with disease, is a sad proof of human imperfection.

The sophistication of drugs begins before the articles are thrown into the market. The various roots, leaves, gums and seeds used in medicine, are often adroitly adulterated with inert substances resembling them, by the original collectors of the articles. Then, in the hands of the various dealers through which they pass, further sophistication is practiced, sometimes in a very systematic way, as in the modes adopted of adulterating the finer qualities of unpowdered rhubarb root. Our teachers and books on Materia Medica are compelled to devote much attention to the mode of detecting these sophistications. To such an extent are they carried, that it has become necessary for the Government to interpose its authority for the protection of

the consumer. A few years ago, through the influence of a medical man in our national legislature-Dr. Tom O. Edwards, then of Ohio-Congress passed a law appointing drug inspectors in our principal seaboard cities, for the purpose of having all imported drugs thoroughly examined by experts, and the impure rejected. In this way much good was done for a time, but we fear that through political influences, and other causes, there is now but a very slight check upon the traffic in sophisticated drugs. Certain it is, that a few years ago, such a clamor was raised by political opponents and wholesale dealers in drugs, against an honest, capable inspector in New York, our principal drug entrepôt, that he was removed. From the fact that there is no clamor raised now against drug inspectors, we incline to the belief that the business of sophistication is going on, very much to the satisfaction of the wholesale dealers.

But, suppose drugs are thoroughly inspected, and only a pure article imported, they have two or three gauntlets yet to run before they reach the sick room, first in the wholesale houses, then in the drug grinding mills, and finally in the hands of the retailer. Drug grinders are sometimes restricted to a certain percentage of loss from the gross weight they receive from the dealer. And yet he receives the drugs oftentimes direct from the hold of a ship, or from a cellar where they have absorbed moisture, of which they must be relieved before they can be powdered, and the percentage brought to the standard agreed upon by the addition of some worthless ingredient. In the case of the important drug opium, for instance, there used to be, perhaps is now, a conventional agreement between the factor and the drug grinder of a loss of six per cent, in grinding, whereas the loss was never less than eight per cent., and was as high sometimes as twenty per cent., requiring the grinder to add from two to fourteen per cent. of inert substances, or whatever he pleased, to enable him to return the stipulated quantity without serious loss to himself.

From the above remarks, it will be seen how easy it will be for those who are so disposed, to evade the burdens of taxation by adulterating articles used for food and medicine.

cations. To such an extent are they carried, that it has become necessary for the Government to interpose its authority for the protection of premises. The intelligence and constant vigi-

lance of our profession, may do something to protect the community from the evil consequences referred to. But, is not the evil even now of sufficient magnitude to justify the appointment of competent inspectors of food and drugs, certainly in the centres of trade, with power to confiscates ophisticated articles wherever found?

CORRESPONDENCE.

Domestic Correspondence.

Quinine as a Prophylactic.

We find in the Boston Medical and Surgical Journal a communication on this subject from the venerable Dr. R. D. Mussey. It is addressed to the Surgeon General of Massachusetts. Dr. Mussey writes:—

LITTLETON, MASS., Aug. 20, 1862.

"My dear Sir,-Within the last few days, the quota of men required of this township towards the 300,000 has been made up by enlistment rather than by drafting, and I feel no small sympathy for these patriots, one half of whom, I am told, are married men; and the liabilities they, with thousands of others of a like description from the old Bay State, will incur from leaving a pure atmosphere and entering one loaded with miasm, impel me to make a suggestion by way of inquiry. Can the quinine be furnished in sufficient quantity for all our troops? It is generally understood to be a prophylactic of miasmatic fever; and it is said to be safe to economize it so far as to give only two grains a day to each man. Dr. Mears, of Indianapolis, made what he regarded as a valuable experiment with quinia when malarious fever was very prevalent within the range of his professional visitations. He took twelve grains of sulphate of quinia every Monday morning-rode night and day in a highly concentrated miasmatic atmosphere, and had uninterrupted health. This he continued through the warm season, and the epidemic having greatly abated as the cool season advanced, I think it was in November, he omitted his quinine. In about two weeks he had a regular attack of the fever. In Hays's Journal, either in 1860 or 1861 (I have not the volumes here), a physician of Charleston, S. C., Dr. DeSaussure, has given an interesting paper on the power of quinine as a prophylactic against the poison of miasm.

"In the Chicago Medical Examiner for June, 1862, there is an extract from the Edinburgh Medical Journal, in which the author, Dr. Adamson, says that he has employed with success the sesquicarbonate of ammonia with the liquor arsenicalis in cases which had long resisted quinine; that he had treated ten cases with this combination alone, all successful—seven quartan,

one tertian, two quotidian.

"His formula is—R. Sesquicarb. ammon., gr. v., dissolved in o3i. of water, with the addition of five minims of liquor arsenicalis. All this given at a dose, and 'repeated every two or every three hours according to the frequency of the paroxysms.' No unpleasant effects, save some degree of griping in one patient, and itching of the eyelids in three.

"I remember that the late Dr. Sewall, of Washington, D. C., brought himself into notoriety soon after he commenced practice there, by using the arsenical solution in miasmatic fever. I think that he relied upon it as the

principal if not the sole remedy.

"If our New England men could go South provided with a change of flannel waistcoats and drawers, woolen socks, thick-soled shoes or boots, and be supplied with coffee or tea, and good water instead of alcoholic mixtures, they might well sustain themselves in conflict with any men at the South, especially if led by officers whose brains are not bewildered by anything worse than coffee. The soldiers at Richmond, if not deprived of their spirit ration to save their breadstuffs from distillation, will be far more formidable in a prolonged fight than they have been.

"Now, my dear Sir, if you regard what I have said as an intrusion, or if I have said nothing but what has been well known and acted upon in Massachusetts, then please to lay it to the account of the solicitude of an old man for his country and for the brave sons of New England.

Very respectfully yours,
R. D. Mussey.
"Dr. Dale, Surg. Gen. of Mass."

In a subsequent letter Dr. Mussey says:-

"My dear Sir,—I thank you for the kind and prompt notice of my remarks. It is gratifying to learn that our soldiers are adequately provided with the quinine. I see in the Boston Medical Journal of this week, a notice of Dr. S. Roger's pamphlet on the protective virtue of this medicine against miasmatic fever, in which he recommends larger doses than by others have been said to be necessary. Is it not probable that different quantities of the antidote would be required in a proportion corresponding with the degree of concentration of the atmospheric poison?"

The report of the Western Sanitary Commission states that the total number of patients admitted into hospital at St. Louis up to the 1st of July, was 23,198; the total number of deaths, 1,826, or $7\frac{7}{8}$ per cent. Of the 23,198 cases, 20,005 were for sickness incident to climate, and 3,198 for casualties (wounds.) Of the 20,005 cases of sickness, 1,593 died, or $7\frac{5}{8}$ per cent. Of the 3,198 cases of casualties, 228 died, or $7\frac{1}{8}$ per cent. During the past ten months, articles to the value of \$150,000 have been distributed by the Commission.

NEWS AND MISCELLANY.

ROCK OIL, ITS GEOLOGICAL RELATIONS AND DISTRIBUTIONS.

By Professor E. B. ANDREWS, Marietta College, Ohio.

My investigations have been directed chiefly to the oil of the coal rocks, and I propose in this paper to give some of my results. The surface indications of petroleum are oil and gas springs. These springs are found scattered over a very large area. It is doubtless well known to scientific men that there are, in the West, two distinct geological formations from which petroleum or rock oil is obtained. These are the bituminous coal measures and the Portage and Chemung groups. (The Waverly sandstone of the Ohio Reports.) The Portage and Chemung rocks sweep round in the form of a quadrant from north-western Pennsylvania into southern Ohio and south into Kentucky. Upon these rocks the famous oil regions of Pennsylvania and north-eastern Ohio are located. The oil regions of western Virginia and southern Ohio, including a portion of western Pennsylvania, lie in the coal measures. Marietta, Ohio, may be regarded as near the centre of these extensive oil fields. It is well known that in the manufacture of coal oil a large amount of vapor or gas remains uncondensed. The town of Newark, Ohio, has been lighted for several years by the surplus gas from the oil works there. While it is believed that the oil cannot be produced in the subterranean distillation without the production of gas, it is also reasonable to suppose that at the very low temperature at which this distil-lation must take place, the formation of gas necessarily implies the formation of more or less oil. Hence in our bituminous coal measures a gas spring doubtless indicates the existence of oil in the rocks below. The great majority of these gas springs are unknown, since they are seldom discovered, except when they appear in streams; and probably the same may be true of oil springs, since the soil would absorb the oil and in only a few cases would it be detected. have assumed that the oil is the product of the distillation of bituminous strata, at low temperatures. This theory, which is a modification of the old one of distillation (at high temperatures,) has recently been brought forward by Professor J. S. Newbery, and has received the sanction of many of our most eminent chemists. The chief objection to it is the fact that the coal, cannel and bituminous, in our oil regions gives no evidence of its having lost any of its full and normal quantity of bitumen or hydro carbons. For example, at Petroleum, Ritcl'e connty, Virginia, where strata have been brought up by an uplift from several hundred feet below, seams of cannel and bituminous coal appear, which, if judged by the standard of Nova Scotia or English coals, have lost none of their bituminous properties. The cannel coal, although somewhat earthy, yields from forty to sixty gallons of oil to the ton.

The other theory, that the oil was produced at the time of the original bituminization of the vegetable or animal matter, has many difficulties in its way. If the oil were formed with the bitumen of the coal, we should expect that wherever there is bituminous coal there would be cor-responding quantities of oil. This is not so in fact, for, as will be seen presently, there is no oil except in fissures in the rocks overlying the bituminous strata, and these fissures can be shown to have been made since the coal strata became bituminized. Again, upon this theory it will be difficult to explain the large quantities of inflammable gas always accompanying the oil. If it is generated exclusively from the oil, then we should expect to find the quantity of oil least where the gas springs have for ages been the most active, but at such places the oil, instead of being wasted, is the most abundant. That the oil is accumulated in fissures in the rocks and that these fissures are more or less vertical, there is abundant proof. The oil in the same neigh-borhood is found at very different depths. It is very seldom that two adjoining wells strike the oil at the same distance below the surface. At Smith's Ferry, in Western Pennsylvania, on the Ohio river, much of the oil is of a light strawcolor, while it is said other wells yield an oil of the more usual dark-greenish color. On the same lease of land and within six or eight rods of the well, is a well two hundred and fifty feet deep. The oil from this well is not only different in its specific gravity from that in the other, but the deepest well contains fresh water, while the other contains salt water. From these and similar facts, it is evident that the oil is in distinct and separate fissures, and that these are vertical rather than horizontal. The contents of these fissures are generally water, at the bottom, oil floating upon the water, and gas filling the space above the oil. Where the gas finds an outlet through a crevice in the overlying rocks, there is produced a gas spring. When the water finds an outlet, it carries the oil with it, and an oil spring is the result. I have found oil springs high up on hillsides.

If the oil is found in fissures in the rocks, it is natural to suppose that in those places where the fissures are the most numerous and largest, the oil would be formed in the largest quantity. This antecedent probability is fully verified by the facts. The rocks of Western Virginia and South-eastern Ohio may be divided into three classes, those which are almost entirely horizontal, those which have a dip of from fifteen to forty feet in the mile, and those which are broken and dislocated by an uplift. The strata from the Ohio river at Parkersburg up the Little Kanawha to within a few miles of the great oil wells are very nearly horizontal, and probably contain few fissures except such as have been produced by the drying and shrinking of the rocks. There is not, to my knowledge, a single productive oil well in that region, although a large number of wells have been bored. The

compact and unbroken clay shales and other strata rest upon the deep bituminous strata, and furnish no spaces through which the oil vapor could rise. Probably no such vapor is formed. On the Great Kanawha River, at Pomeroy and vicinity on the Ohio River, in Athens, Morgan, Noble, Washington, and other counties in Ohio, located on the coal measures, the rocks have more or less dip, and contain, as a probable result of the uplifting force, many fissures. These counties all furnish oil—Noble and Washington in considerable quantities. The salt wells on Great Kanawha, at Pomeroy on the Ohio, on the Hocking and Muskingum rivers and on Duck Creek, revealed more or less oil. But it is in regions where the strata have been the most numerous, that the most oil is found.

Large quantities of petroleum have in former years been taken from the alluvial banks of Hughes river. The oil came up through a fissure in the underlying rock, and saturated a stratum of sand and gravel. This stratum was laid bare by removing the superincumbent earth and the oil worked out by hoes from the water and sand. This locality, next to the old Pennsylvania Oil Springs, has probably furnished more oil than any other locality in the country. A few wells have been bored in this region, but with what success I did not learn, nor had I time to investigate the question whether they were bored in that part of the geological disturbance, where the largest number of fissures would be found.

The oil fissures are struck at different depths, as has been already shown, consequently there is no such thing as an "oil rock," as many suppose. The oil is found in any kind of stratum. Each oil fissure doubtless extends vertically, or nearly

so, through many different strata.

These wells have been unparalleled for the quantity of oil produced. Many of them, when first bored, poured out the oil in torrents, the oil being forced up by the pressure of gas. Hundreds of barrels of oil were obtained from a well in a few hours. The Camden, Lewellyn, Weare, and Harper well and doubtless others, are fine illustrations of this. They yield a marvellous quantity of oil. In many wells the oil is entirely free from water, and passes directly from the well into barrels for shipment. The oil varies in specific gravity from 23° to 52° (Beaumé.)

The oil is evidently the accumulation of long ages. The valleys of erosion which cross this line of uplift in almost every direction, and which have been produced by the drainage of the rains falling upon the surface, show that the uplift, and consequently the fissures underneath, have existed for a vast period of time. It is, therefore, probable that during this long period the work of accumulation has been going on. If this is true, it will follow that when a fissure is once exhausted of oil, it may well be abandoned, as it will take a geological period to refill it. The original indications of oil in this region were, as I learn, only the gas springs, of which there were

two on Burning Spring Run. Both of them are now destroyed by wells that have taken away the gas. A salt well bored at the mouth of Burning Spring Run, many years ago, yielded a large quantity of oil; and it was this salt well which caused attention to be directed to this locality, now so famous.

I have thus shown some of the geological relations of the oil here in the upper part of the coal measures. The horizontal strata in Wood and Wirt counties, Virginia, are, I think, the highest in the series. Containing few fissures, the chances of finding oil in them is necessarily very small

The inclined rocks with a dip of from fifteen to forty feet in a mile, contain more or less fissures, and consequently yield more or less oil. It is in these inclined rocks that the productive wells on Duck Creek, Ohio, at McConnelsville, Pomeroy &c. are obtained.

Pomeroy, &c., are obtained.

In the broken rocks, as found along the central line of a great uplift, we met with the largest quantity of oil. It would appear to be a law, that the quantity of oil is in a direct ratio to the amount of fissures. By this law, the great wells on Little Kanawha are easily explained. With so much room for expansion, the hydrocarbons of the coal and bituminous strata underneath have risen in the form of vapor, and during long geological ages have been filling the fissures with

Since writing the above, I have examined the Report of the Geological Survey of Kentucky, vol. iii., and find that the oil region which lies in-Cumberland county, and in several adjoining counties, is probably situated upon a line of peculiar disturbance. Mr. Owen states that "the principal axis of disturbance, already mentioned, which passes in a southwest course through Lincoln, Casey, Russell and Cumberland into Monroe county, probably crosses the Cumberland (river) at the Riffle, near the Turkey River Bend, where a dip of about 4° was observed at the head of the Riffle in the direction of 50° east, whilst a reversed dip, north 50° west, at about the same angle was noticed near the foot of the Riffle." A careful examination might show that the fissures containing oil in this region are to be found chiefly along the line of this disturbance.

Of a locality in Cumberland county, Mr. Owen thus writes:—"On Crocus Creek, the blue limestone dips 2° to the northeast; a short distance up Puncheon Camp, the slate dips at an angle of about 1° in a course south 20° west, while not far off, on the Creek, it dips with about the same angle in a course north 10° to 20° east. Hence it is evident that the dip is very irregular." On Crocus Creek and on other streams in that region large quantities of oil were found many years ago in boring for salt water. From all I can learn, without visiting the region, the oil is found chiefly in the blue limestone and below the black shale. The oil is light in its specific gravity, while oil from similar locations in the

geological series, in Ohio, is very thick and tar-like.

The oil from the coal measures varies in specific gravity from perhaps 20° to 52° (B.) Oil from Pomeroy, Ohio, standing at 51° B., burns freely, and with brilliant flame, without distillation

The heavier oils, such as are not profitable for distillation, afford a very superior lubricating oil. Hence the demand for heavy as well as light oils will doubtless be very great.—Phar. Jour.

Doctors and Insurance Offices .- The relations between medical men and insurance offices have recently formed the subject of animated discussion in professional circles here, as was the case some time ago in London and Berlin; but in this country we have taken quite a different view of it than our English and German brethren have done. The delicate question of fees did not enter much into our deliberations; but we held that it was neither the duty of the family physician, nor had he the right, to communicate to strangers his opinions on the health of a person, with which he could only have become acquainted through the confidence placed in him by his patient. If the health of the person concerned is such as to prevent or impede the insurance, the result is detrimental to both doctor and patient, and the only way of getting out of this difficulty is not to give any such medical opinions at all. The insurance companies are at liberty to appoint special medical advisers, who may examine the persons wishing to insure their lives, and give their report accordingly; but these companies should not be allowed to trouble family physi-cians to break their faith to their patients, and to divulge professional secrets. All the members of the Medical Society of the Second Arrondissement have declared that they will never condescend to violate professional secrecy in this manner, and have invited other societies to join them in this resolve .- Med. Times.

Personal.—Dr. Francis M. Lincoln is Surgeon, and Drs. Geo. M. Munsell and Albert W. Clark are Assistant Surgeons of the 35th Regiment Massachusetts Volunteers.

Information has been received in Boston of the death upon the Upper Nile of Dr. Charles Clarence Brownell, of Hartford, Connecticut. He was attached to the Nile Exploring Expedition of the celebrated English explorer, Petherich, as botanist.

Assistant Surgeon A. A. C. WILLIAMS, who was dropped from the army rolls some time since on the representation that he was taken prisoner while outside of our lines without authority, has been restored by order of the Secretary of War. He was not outside of the lines when captured, although he had a permit from Gen. RICHARDSON to go beyond them if necessary.

Dr. L. C. Hartwell is Surgeon to the 38th Regiment of Massachusetts Volunteers. "Hammond Encampment."—This is the name of an extensive government hospital located near Falls Church, Va., about eight miles from Washington City. It is under the care of Surgeon T. E. Mitchell of Maryland, assisted by Drs. W. A. Banks, Draine, Owens, Dorsey, McKim and Carrier, and Cadet Abner Thorpe. The hospital will accommodate several hundred patients. A correspondent of the Press of this city, himself a patient in the hospital, says:—Let the friends of the sick be assured that the attentions to all under medical treatment are munificent. Good Samaritans, from various States, have been true to their trusts, and have disseminated the stores of sanitary commissions in their charge, showing that the kindness of friends at home was bounteous. Boxes, bales, cans, jars, &c., have been distributed to the sick, and the delicacies highly appreciated by the recipients of the luxuries.

Medical Storekeepers.—By a recent Act of Congress six Medical Storekeepers were provided for. These have been selected by an Examining Board from among a large number of applicants, and the appointments made, solely on merit. They have been assigned to duty as follows:—George Wright to Surgeon R. S. Satterlee, Medical Purveyor, New York City; Henry R. Rittenhouse to Surgeon R. H. Alexander, Medical Purveyor, Army of the Potomac; Robert T. Creamer to Assistant Surgeon C. F. Alexander, Medical Purveyor, St. Louis, Mo.; Victor Fuller to Surgeon George E. Cooper, Medical Purveyor, Philadelphia; Henry Johnson to Surgeon H. Lamb, Medical Purveyor, Washington; and Henry Stephens to the Medical Purveyor at Cairo, Illinois.

Lunatic Asylum for the City of London.—On July 29th, in the presence of some of the Lunacy Commissioners, and of the magistrates of Middlesex, the foundation-stone of a pauper lunatic asylum for the City of London, intended to accommodate 250 patients, and estimated to cost nearly £50,000, was laid at Stone, near Dartford. The site chosen for the intended asylum consists of upward of thirty acres of ground in a commanding and healthy locality between Dartford and Greenhithe. The building will be erected from designs prepared by Mr. Bunning, the city architect, and approved by the Commissioners in Lunacy.

Surgeons of Maine Regiments.—Maine 17th, Dr. H. L. K. Wiggin, Surgeon, and Dr. Wm. Wescott, Assistant Surgeon. Maine 18th, Dr. Rothens E. Paine of Hampden, Surgeon, and Dr. J. B. Elkins of Ashland, Assistant Surgeon. Maine 19th, Dr. A. J. Billings, Surgeon, and Dr. H. C. Levensaler, Assistant Surgeon.

Extensive additions are being made to the Government Hospital Department at Baltimore. Proposals are advertised for building additional hospitals to accommodate three thousand patients.

The Water supply of London—Filtration.—
Prof. Charles A. Lee writes to the American
Medical Times from London as follows:

Water, as it forms the greatest portion of the human body, has been well called the life-blood of cities, and the lowest mortality range is only compatible with a high degree of purity of this element.

The water used for drink by the inhabitants of this city is derived from shallow wells, deep wells, New River, the river Thames, and its tributaries. The well water is very impure, and has a large amount of organic matter in solution derived from cess-pools. The Thames is the great sewer of London and the country adjacent. In 1849, when 14,125 persons were swept away by cholera, it supplied the south and west districts of London with drinking-water, containing large amounts of organic matter, and it was found that the rates of mortality by that disease bore a direct ratio to the impurity of the water used by the inhabitants. No more important fact, perhaps, has ever been established by registration, than that the liability to attack from epidemic cholera is in proportion to the quantity of decaying organic matter contained in the water drunk. This was so fully proved by a committee appointed by the Board of Health, to inquire into the deaths in every house supplied by the different water companies, that it has never since been disputed, and yet the quantity of organic matter in the Southwark water, which proved so deleterious, was only two grains in a gallon in excess of that in the Lambeth water, so that 15 in 10,000 died of cholera who drank of water taken high up from the Thames, at Kew and Hammersmith; 48 in 10,000 in districts supplied by tributaries of the Thames; and 123 in the same number supplied with water taken from the foul part of the Thames, between Battersea and Waterloo Bridge. The tributaries of London have, in fine, proved beyond all doubt, that water containing minute quantities of organic matter, as river water receiving the sewage of towns, or surface wells in cities, into which impurities will find their way, must often contain the elements of zymotic diseases, and can never be drunk with entire impurity. In other words, it is a truism, that the purest water is the healthiest. Government, acting on this well established fact, directs twelvemonthly analyses, by a skilful chemist, of the waters of each of the six companies which supply London with water, to be published in the Weekly Tables, so that the public constantly know, or have the means of knowing, what kind of water they are drinking. It would not be amiss to have a similar regulation adopted in regard to our New York Croton water, which is often loaded, in hot weather in summer, with organic matter, in the shape of infusoria, which increase, as is well known, with miraculous rapidity. This may be easily remedied now, as we have three reservoirs, by caus-

ing the water to be entirely drawn off from each, at certain intervals, during the summer and autumn, the city being in the mean time supplied from the others. There is no doubt in my mind that this cause contributes to the high death ratio in New York, especially among children; for the reduction of the mortality in London coincides very accurately with the improvement in the water supply. It is well known that the sewage of this city is, in general, very perfect, and no city in the world, so far as I know, is always kept in a cleaner condition. Hence it is not illogical to attribute the diminished mortality (22.49 in 1000 living in London, in 1860) to the improved water supply.

And this brings me to a subject which has been suggested by a late visit to the International Exhibition, viz. the various methods of filtration and other modes of parifying water there displayed. More than one hundred different patients have been taken out in England for the purification of water, and we often see beautiful fountains of curious devices fitted up in shop windows, where such apparatus is kept for sale. So far as I have been able to investigate the matter, carbon, in some form, is the agent generally employed, although there is scarcely a porous or tasteless substance in nature but what is put in requisition for this purpose. When charcoal is employed it is usually made solid by compression, as the finer the pores the more perfect the filtration, as is supposed. But there is always this difficulty, that the pores in a hard mass must unavoidably become more or less clogged in a short time, and there is no way of cleansing them. This objection must always, as it seems to me, apply to filters made of consolidated charcoal; granules of animal charcoal, it is well known, offer an equally effectual resistance to impurities, and filters composed of it can be readily cleaned by simple rinsing. Still, filters made of solid masses of silicated charcoal, silex being employed to give shape and consistence, are now very popular in London, and are in constant use in the royal household, and most houses of the nobility and gentry. The silex houses of the nobility and gentry. The silex usually employed in a refuse of gas-works; formerly some bituminous compounds were used to bind the carboniferous particles togethermany prefer filters made of loose particles of charcoal, in grains about the size of gunpowder, regarding selix, pitch, or any other substance to bind the particles togetheras having no advan-tage whatever, and being simply an adultera-tion. Such are Danchell's filters, while Messrs. Dahlhe, Atkins, and others are the solid blocks. A popular error in regard to water needs correction, and that is, that water containing deleterious matter must necessarily be foul in appearance; whereas some of the wells in London, which yield apparently the clearest, brightest, and most translucent water I ever saw, are absolutely so loaded with organic matter as to be poisonous, and no filtration will correct the evil. Whatever the impregnations

may be, they are not removed by carbon filters; nor will any of these one hundred filters remove any of the salts of lime held in solution-not even the phosphates of the graveyards and cemeteries. It is well that we have such infalli-ble chemical tests for these and other mineral

salts and substances.

One highly original plan of filtration by Mr. Spencer deserves special notice, and that is, the magnetic system of purifying water, which has now been adopted in the public supply of several large towns. This is the same gentleman who discovered electro-metallurgy, and I believe that he confidently claims for his system, that it will separate all mineral and organic matters whatever from water. That it may readily separate all ferruginous matters I can readily understand; but on what principle it removes salts of lime, or other minerals, is not very easy to comprehend.

A correspondent at Johnstown, Fulton Co., N. Y., writing on behalf of "many citizens" asks us to insert the following notice:

"A splendid opening for a good dentist! Johnstown numbers about two thousand inhabitants, and the community are much in need of a dentist."

Any one desiring information on the subject, can obtain it by addressing Dr. W. H. Johnson. or Dr. J. S. Crowley.

OBITUARY.

At a meeting of the Surgeons composing the Hospital corps at Evansville, Ind., held on the 25th August, 1862, at the office of Dr. DeBruler, to take measures for paying proper respect to the memory of their deceased brother officer, Dr. I. N. Myers, late resident Surgeon of Hospital No. 2, Dr. J. P. DeBruler was called to the chair, and Dr. W. D. Turner appointed Secretary.

A committee, consisting of Drs. Wirtz, Temple and Jeancow was then appointed to express the sense of the great loss the Hospital corps of this city, and the profession has sustained in the sad event. The following report was adopted and ordered to be published, and manuscript copies sent to the friends of the deceased:

It has pleased Providence to remove from among us one of

ornered to be published, and manuscript copies sent to the friends of the deceased:

If has pleased Providence to remove from among us one of the most gifted and beloved of our number. Dr. Myers was a young man of rare promise. With large perceptive faculties, a ready and discriminating judgment, and a poworful memory, he combined the severest habits of study, which rendered him, even at his early age, distinguished among his fellows.

rendered him, even at his early age, distinguished among his fellows.

His devotion to his profession was unbounded,—his days were passed in the sick ward and the dissecting room—and his nights devoted to the collation of his observations and the study of the best authors. But this self-imposed labor, the carnest of future fame, was too much for his feeble body, and was the cause of cutting short a life so valuable to science and so dear to us all. So fine an intellect, so good a heart, so noble a man, is a loss not only to his profession and his friends, but to society; and so excellent an example of entire devotion to the cause of suffering humanity, cannot be too long remembered. He did not die upon the battle field—but by the side of those who had risked their health and lives in the nation's cause, he imbibed the fatal poison that made him a marrly to science and a willing sacrifice to his country.

While we deeply feel the blow that has taken from our midst this young spirit, so full of promise, we also desire to express to his relatives and friends at home, our sincere condolence, and trust that the memory of the virtues of the departed, may have their softening influence on the grief occasioned by his early loss.

J. P. Debrucker, and the state of the departed, may have their softening influence on the grief occasioned by his early loss.

EDWARD STANLEY, F.R.S.—"The medical profession will regret to hear that this gentleman, so long and so intimately

connected with St. Bartholomew's Hospital, expired suddenly in one of the wards of that noble institution on Saturday afternoon. As a member of the Court of Examiners of the Royal College of Surgeons, he had been much engaged until a late hour nearly every night in assisting at the examinations of the large number of candidates now undergoing that ordeal. On the evening of Friday, the 23d instant, he left in excellent spirits. He rose on Saturday morning at his usual hour; and, having received and attended to his patients, repaired to St. Bartholomew's Hospital. In the act of addressing his friend, Mr. Arnott, on a case before them, he was observed to failter in his speech, and immediately to fall on the bed. Mr. Wormsld, one of the surgeons of the hospital, afforded him instant assistance, and to this gentleman he whispered a few words stating he should soon be better, and desiring him not to feel alarmed; but, not withstanding the kind and unremiting attentions of his colleagues, he soon ceased to exist. Mr. ting attentions of his colleagues, he soon ceased to exist. Mr. Stanley had not been a large contributor by his pen in the advancement of chirurgical knowledge; but what he wrote advancement of chirungical knowledge; but what he wrote he wrote well, as evidenced in his standard work on the Diseases of the Bones. He was also the author of a mode of performing the lateral operation of lithotomy, and also of a Manuat of Practical Anadomy. Mr. Stanley, in addition to the appointments already mentioned, held that of Surgeon Extraordinary to her Her Majesty the Queen. The lamented deceased leaves a widow and three daughters, and one son in the Church."—Brit. Med. Jour.

MARRIED.

DARRELL—PENDLETON.—In Washington city, on Tuesday, August 19, by Rev. Mr. McFalls, Dr. J. H. Darrell to Miss Rose B., second daughter of Professor A. G. Pendleton, United States Navy.

DIED

CUSHING.—In Brewer Village, Maine, August 19th, Mrs. Mary D. R., wife of Dr. D. K. Cushing, and youngest daughter of Dr. H. Rice of Bangor, aged 51 years.

SAWYER.—In the Military Hospital, West Philadelphia, August 23d, of disease contracted while in the discharge of his duty as an Army Surgeon, Thomas Sawyer, M. D., Assistant Surgeon, 43d N. Y. Volunteers.

Vital Statistics.

Mortality, 1 in 1531.

Of New York; for the week ending August 18, 1862.

Deaths—Males, 359; females, 316; boys, 205; girls, 109.

Total, 685. Adults, 281; children, 404. Under two years of age, 341. Natives, 454; Foreign, 231; Colored 4.

Among the causes of death, we notice—Apoplexy, 11; infantile convulsions, 49; croup, 4; diphtheria, 8; scarlet fever, 5; typhus and typhoid fevers, 19; cholera infantum, 153; cholera morbus, 8; consumption, 66; small-pox, 4; dropsy of head, 30; infantile marasmus, 42; diarrhox and dysentery, 34; infammation of brain, 15; of bowels, 25; of lungs, 6; tongestion of brain, 24; of lungs, 6; cryspienas, 1; hooping-cough, 6; measles, 6: 458 deaths occurred from acute diesses, and 38 from violent causes.

Population of New York, by the sensus of 1860, 814,277.

Mortality, 1 in 1188.7.

Of Boerox, for the week ending August 16, 1862.

OF BOSTON, for the week ending August 16, 1862.
Deaths—Males, 64; females, 48. Total, 112. Natives, 91;

Foreign, 21.

Among the causes of death, we notice—Phthisis, 8; cholera infantum, 30; croup, 2; scarlet fever, 8; pneumonia, 3; variola, 0; dysentery, 6; typhus fever, 2; diphtheria, 1; hooping-cough, 0; convulsions, 2.

Population of Boston, 1860, 177,902. Average corrected to increased population, 115.92. Mortality, 1 in 1588.4.

Communications Received

For the week ending August 27, 1862.

Canada East-Dr. A. D. Stevens. Connecticut-Dr. P. W. Ellsworth. District of Columbia-Dr. J. A. McKim. Illinots-Dr. F. N. Burdick. Indiana-Dr. J. F. Brandon, Dr. W. H. Emerson, Dr. W. M. Purcell, with encl. Kentucky-Dr. D. Johnston, with encl. Massachusetts-Dr. E. Woodbury, Dr. J. Dow, with encl.; Dr. S. Warren, Dr. O. King, Drs. B. F. Campbell, and V. H. Fitch; Mr. J. R. Nicholl & Co., with encl.; Dr. F. S. Spring, Dr. C. H. Esterbrook. Maine-Dr. R. Moody. Michigan-Dr. H. W. Lobdell, with encl. New Jersey-Mr. A. W. Hull, with enel.; Drs. Gardener, C. Sheppard, H. S. Desanges, G. W. Falsom, and C. Taggart, each with encl.; Drs. E. J. Records, and J. Carrier. New York-Dr. Shermer, with encl.; Dr. J. G. Hislop, Dr. O. C. Gibbs, Dr. N. E. Crampton, Dr. W. Akin, Dr. G. Arink, Dr. H. Lassing, Dr. C. P. Smith, Dr. G. K. Smith, Dr. A. W. Hartman. Ohio-Dr. P. Cole, Mr. J. B. Webb, with encl. 2; Drs. C. Morrill, A. H. Agard, L. A. Silva, J. B. Massey, T. Stilwell, W. V. B. Ames, J. W. Failing, J. W. Goodson, R. A. Severance, and W. J. Clarey, each with encl.; Drs. A. M. Vantine, R. C. Luce, J. D. McKim, R. S. Rice & Son, J. W. Luse, W. W. Stilson, and O. Prestiss; Drs. T. Gibson, and J. B. Ford, each with encl.; Dr. Wm. Bunce, with encl.; Dr. S. W. Smith, Dr. C. A. Hartman, Drs. S. Grant, J. Rust, M. D. Young, J. Strong, Jr., H. A Langdom, H. Earle, - Skellinger, and W. B. Davisson, each with encl.; Drs. W. H. Sykes, D. A. Wood, G. W. Noble, A. Evans, S. Grout, W. N. Briggs, C. F. Cushing, and A. S. Allen. Pennsylvania-Drs. S. S. & R. S. Waflace, with encl.; Dr. F. C. Reamer, with encl.; Dr. J. Burkholder, Dr. O. Logan, Mr. J. R. Smith, Dr. A. M. Heistand, with encl.; Dr. H. Bruebaker, Dr. P. J. Raebuck, Dr. F. C. Reamer, Dr. R. Martin, Dr. D. W. Shindel, Mr. J. R. Smith, with encl.; Drs. C. M. Hill, C. E. Albright, W. F. Logan, T. Lyon, G. I. Pfouts, A. Davidson, J. R. Holloway, B. F. Pontius, Z. W. Thomas, J. Adams, W. M. Rankin, C. L. Lyon, J. McKinney, and G. L. Potter, each with encl.; Dr. H. H. Smith. Rhode Island-Mr. J. G. White, Drs. H. H. Riegel, B. F. Shannon. Virginia -Dr. W. Shanly. Vermont-Dr. P. Massield, with encl.

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Accumulated Capital, \$4,358,009 60

Dividends declared annually, and paid during the Life of Reserved for 1862 Dividend, 50 per cent.

Received for premiums during the year	88
Total receipts for the year\$1,117,500	
Loans on bond and mortgage of real estate \$2,414,267	86
Loans on bank stock and mortgage bonds 56,263	70
Loans on personal security 11,654	00
Bank and railroad stocks 45,205	00
Railroad bonds	00
United States coupon bonds 89,702	25
United States Treasury notes 100,000	00
State of Connecticut bonds 50,136	25
Cash deposited in banks 179,435	61
Real estate 3,000	00
Bills receivable 1,354,102	29
Premiums in the hands of agents and in transit 14,222	64
Total assets\$4,358,009	60
Amount of losses during the year, 101 lives (110	BATTING .
policies) \$255,100	-00
Total amount of losses paid to date., 2,753,901	
Total amount of dividends paid to date 1,959,079	

Number of policies issued during the year..... or of policies issued during.

er of policies in force.

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